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PTO/SB/81 (09-04)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		-
First Named Inventor	WOOLFE, Austen John	
Title	Pharmaceutical Composition	
Art Unit		
Examiner Name		
Attorney Docket Number	00303/US	

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~	Practitioner(s)	named be	alow:						
			Name			Registrati	on Numb	ег	
	HAY, Martin A	lexander	_			39	,459		
	STEINBERG,	Michael				43	,160		
	BROWDER, M	lonte				36	,761		1
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	OR		Į				1		
~	The address	associa	ted with Customer Number:		024330)			
V	Firm or Individual Nam	e	HAY, Martin Alexander						
	Address		Martin A. Hay & Co., 13 Quee	n Victoria Stree	t				
	City		Macclesfield		State	Cheshire		Zip SK11 6LP	
	Country		UNITED KINGDOM						
	Telephone		+44-1625-500057		Fax	+44-1625-50005	8		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
	SIGNATURE of Applicant or Assignee of Record								
Signat	ure					Date			
Name		Austen J	sten John WOOLFE Telephone				4		
	nd Company								4
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'	*Total of 4	1	forms are submitted.						

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	STEINBERG,	Michael				4	3,160		
	BROWDER, M	lonte				30	5,761		
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~	Firm or Individual Nam	е	HAY, Martin Alexander						
	Address		Martin A. Hay & Co., 13 Queen	n Victoria Stree	1		-		
	City		Macclesfield		State	Cheshire		Zip SK11 6LP	
	Country		UNITED KINGDOM			Criedilire		OKTTOE	
	Telephone		+44-1625-500057		Fax	+44-1625-5000	58		\Box
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			SIGNATURE of	Applicant or A	ssignee	of Record			
Signati	ignature Open hopping Date 9/12/2004				4				
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	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				9				
v	*Total of 4		orms are submitted.						

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STEINBERG,	Michael				43	,160] ·
BROWDER,	Monte				36	,761	,]
as my/our attorney(s) Trademark Office cor		s) to prosecute the application erewith.	identified above	, and to	transact all busine	ess in the	United States Patent a	nd
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The address	s associa	ted with Customer Number:		02433	0			
Firm or Individual Nam	ne	HAY, Martin Alexander						
Address		Martin A. Hay & Co., 13 Quee	n Victoria Stree	t				
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SIGNATURE of Applicant or Assignee of Record								
Signature					Date			
Name	Jacqueli	ne Yvonne ALLEN			7	elephone		
Title and Company								
NOTE: Signatures of all t signature is required, see		s or assignees of record of the entire	re interest or their	represen	tative(s) are required	l. Submit m	ultiple forms if more than o	ine
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			Name			Registra	tion Numbe	er
	HAY, Martin Al	lexander			,		9,459	
1	STEINBERG, I	Michael				4:	3,160	
1	BROWDER, M	lonte				30	6,761	
as my Trade	y/our attorney(s) o emark Office cont	or agent(nected th	(s) to prosecute the application nerewith.	identified above	∍, and to	transact all busin	ess in the	United States Patent and
Pleas	e recognize or cl	hange th	e correspondence address for t	the above-ident	ified appl	lication to:		
	The address	associat	ted with the above-mentioned C	Sustomer Numb	er:			
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V	The address	associa	ited with Customer Number:	024330				
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2	Firm or Individual Name	е	HAY, Martin Alexander					
	Address		Martin A. Hay & Co., 13 Quee	en Victoria Stree	it			•
	City		Macclesfield		State	Cheshire		Zip SK11 6LP
-	Country		UNITED KINGDOM		A			
	Telephone		+44-1625-500057		Fax	+44-1625-5000	58	
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SIGNATURE of Applicant or Assignee of Record								
Signat	ture				-		Date	
Name		Mark Clifford ELLIOTT Telephone						
Title a	and Company							
NOTE:	: Signatures of all thure is required, see	te inventor	rs or assignees of record of the entir	ire interest or their	represent	tative(s) are require	d. Submit m	nultiple forms if more than one
V	*Total of 4		forms are submitted.					

PTO/SB/81 (09-04)

WOOLFE, Austen John

Date

Telephone

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Pharmaceutical Composition

		lemark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are requ		
	Application Number	
POWER OF ATTORNEY	Filing Date	
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Examiner Name

Title

Art Unit

CORRESPONDENCE ADDRESS

INDICATION FORM

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

forms are submitted.

Austen John WOOLFE

Signature

Title and Company

signature is required, see below*. *Total of 4

Name

First Named Inventor

eby appoint:				
Practitioners associated with the Customer Number:	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	
OR				
Practitioner(s) named below:				
Name		Registration Num	ber	
HAY, Martin Alexander		39,459		
STEINBERG, Michael		43,160		
BROWDER, Monte		36,761		
/our attorney(s) or agent(s) to prosecute the application iden mark Office connected therewith.	ntified above, and to	transact all business in the	e United	States Patent and
e recognize or change the correspondence address for the a		ication to:		
OR [
The address associated with Customer Number:				
Firm or Individual Name HAY, Martin Alexander				
Address Martin A. Hay & Co., 13 Queen Vi	ctoria Street		-	<u> </u>
City Macclesfield	State	Cheshire	Zip S	K11 6LP
Country UNITED KINGDOM				
Telephone +44-1625-500057	Fax	+44-1625-500058		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

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First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

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	Address		Martin A. Hay & Co., 13 Queen	n Victoria Stree	t				
	City		Macclesfield	State Cheshire		Cheshire		Zip SK11 6LP	
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Name	Name Alan		NGFORD				Telephone		
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V	Firm or Individual Name HAY, Martin Alexander								
	Address		Martin A. Hay & Co., 13 Quee	n Victoria Stree	it				
	City		Macclesfield		State	Cheshire		Zip SK11 6LP	
	Country		UNITED KINGDOM		·	<u></u>		·	
	Telephone		+44-1625-500057	·	Fax +44-1625-500		058		
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			SIGNATURE of	Applicant or A	ssignee	of Record			
Signati	gnature			-		Date			
Name	ame Jacqueline Yvonne ALLEN					Telephone			
Title ar	nd Company								
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		SIGNATURE of	Applicant or A	ssignee	of Record				
Signature	T				Date				
Name	Mark Cli	ark Clifford ELLIOTT			Telephone	9			
Title and Company									
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PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):
WOOLFE, Austen John 31 Emberson Way North Weald Essex. CM16 6DL United Kingdom
hereby appoints (appoint) the following person as: agent X common representative
Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)
Norton Healthcare Limited Ivax Quays Albert Basin Royal Docks LONDON E16 2QT United Kingdom
to represent the undersigned before X all the competent International Authorities
the International Searching Authority only
The International Preliminary Examining Authority only
in connection with the international application identified below:
Title of the invention: Pharmaceutical Composition
Applicant's or agent's file reference: 00303/WO
International application number (if already available): PCT/GB2003/002669
Filed with the following office UNITED KINGDOM And to make or receive payments on behalf of the understaned
And to make or receive payments on behalf of the undersigned. Signature of the applicant(s) (where there are several applicants, each of them must sign: next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):
Date 29/8/03 Austen John WOOLFE

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POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):
LANGFORD, Alan 33a Briscoe Road Hoddeston Hertfordshire EN11 9DG United Kingdom
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Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.
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Date 02 Saptanber 2003.

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ALLEN, Jacqueline Yvonne 13 Peartree Avenue Earlsfield LONDON SW17 0JG United Kingdom		
Hereby appoints (appoint) the following person as:	agent	X common representative
Name and address (Family name followed by given name: for a legal entity, full d	official designation. The addr	ess must include postal code and name of country.)
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Date 29/08/03		

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The undersigned applicant(s) (Names should be indicated as they appear in the request):
ELLIOTT, Mark Clifford 40 Farleigh Road Stoke Newington N16 7TH United Kingdom
hereby appoints (appoint) the following person as: agent X common representative
Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)
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Date 29th Aug 2008 Mark Clifford ELLIOTT

Form PCT/Model of power of attorney (for a given international application) (July 1992)